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THE UNITED STATES, Dr., Payee's Account No940								COPY	1 OF 3		
То		~	(Payee)				'				
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	(Add	iress)	(City)		(State)		_				
No. and Date of Order	Date of Delivery or Service	(Enter description schedule, an Discount Terms	ARTICLES OR SERVICES i, item number of contract or Fe d other information deemed nec		l supply 'y)	QUANTITY	UNIT	Per	AMOUN	NT	
		Costs				-				- -	
AYMENT:									\$7 , 726	5	
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	THE REVERSE OF THIS	FORM MUST BE EXECUTED	WHEN PURCHASES ARE MAI	Date DE OR SERVICES SEC	URED WITHOU	T WRITTEN AG	EEMENT IN	ANY FORM			
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